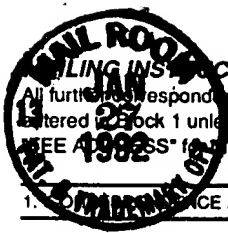


PART B - ISSUE FEE TRANSMITTAL



FILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "SEE ATTACHED" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. ADDRESSEE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
KENYON & KENYON, ONE BROADWAY NEW YORK, NY 10004	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/965,154	08/09/90	1003	HINDENBURG, H	3309 10/22/91
First Named Applicant: NEUNIRTH, ROBERT S.				
TITLE OF INVENTION: INTRAUTERINE CAUTERIZING METHOD (AS AMENDED)				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY?	ISSUE FEE	DATE DUE
3	126-401.000	012	UTILITY	YES	\$525.00	01/22/92

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Kenyon & Kenyon
	2
	3

DO NOT USE THIS SPACE

1 0600 110 242 365.0000

11-0600 110 361 30.0000

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: Gynelab Products		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies	
(2) ADDRESS: (City & State or Country) 6416 Gainesborough Dr. Raleigh, NC 27612		(Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION North Carolina		6b. The following fees should be charged to:	
A. <input type="checkbox"/> This application is NOT assigned.		DEPOSIT ACCOUNT NUMBER 11-0600	
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Enclose Part C)	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Signature of party in interest or record)	
		(Date) 1/22/92	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	